

ises are public documents per Alaska Public Records ACT AS 40.25

Date: 9/3/19

License #/Type: 1245

Beverage Dispensary

Licensee: Yukon Tender Inc.

Address: 201 Fourth Ave, Seward, AK

Docerved

DBA: Yukon Bar

AMCO Case #: 19-1404

This is a notice to you as licensee that an alleged violation has occurred. If the Alcoholic Beverage Control Board decides to act against your license, under the provisions of AS 44.62.330 - AS 44.62.630 (Administrative Procedures Act) you will receive an Accusation and Notice of your right to an Administrative Hearing.

Note: This is not an accusation or a criminal complaint.

On 8-27-19 an inspection was conducted at your establishment. As part of the inspection, bartender Kiersten Varon was asked to provide proof of server education. Ms. Varon's server education had expired on 7-6-19. She has been working at the establishment for more than 30 days. Ms. Varon was told to stop serving alcoholic beverages until she obtained current server education. Prior to my leaving Seward, Ms. Varon provided me with proof of current server education via text. Other violations observed were no pregnancy sign or 50K sign posted and the civil penalty sign needed to be moved to the entrance door. Also observed was a sign saving prices go up 75 cents with live music and DJ.

Your attention is directed to AS 04.21.025: Alcohol server education, AS 04.16.015: Pricing and marketing, AS 04.21.065: Posting of warning signs, AS 04.21.030: Responsibility of licensees, agents, and employees and AS 04.16.50: Licensee responsible for violations

You are directed to respond in writing to this Notice of Violation within 10 days of receipt to explain what action you have taken to prevent a re-occurrence of this violation. FAILURE TO RESPOND TO THIS NOTICE OF VIOLATION WITHIN 10 DAYS WILL RESULT IN YOUR APPEARANCE, EITHER IN PERSON OR TELEPHONICALLY, BEFORE THE ABC BOARD AT THEIR NEXT REGULARLY SCHEDULED BOARD MEETING.

\*Please send your response to the address below and include your alcohol license number in your response.

3 AAC 304.525 (B) provides that upon receipt of a Notice of Violation, a licensee may request to appear before the Director and be heard regarding the Notice of Violation. The request must be made within ten days after receipt of the Notice and the Director must grant an appearance within ten days after receipt of a request. A Licensee shall respond, either orally or in writing, to the Notice.

Alcohol & Marijuana Control Office **ATTN: Enforcement** 550 W. 7th Ave, Suite 1600 Anchorage, Alaska 99501 amco.enforcement@alaska.gov

Issuing Investigator: J. Hamilton

J.R. Hamilton

SIGNATURE:

Delivered VIA. Mail

Received by:

SIGNATURE:

Date:

## YUKON TENDER, INC.

PO Box 992 201 4th Ave. Seward, AK 99664 · (907) 224-3065

September 12, 2019

Alcohol & Marijuana Control Office Attn: Enforcement 550 W. 7<sup>th</sup> Ave, Suite 1600 Anchorage, AK 99501

#### DEAR AMCO,

Regarding the inspection conducted at our establishment on 8/27/19:

- I have personally inspected all of our employee's server education cards to make sure they are current and up to date.
- The civil penalty sign has been moved to the front door.
- Inspector Hamilton kindly provided us with extra pregnancy signs and 50K signs, and these have been posted near the door as well.
- We have taken down the sign notifying customers that there was a 75 cent price increase with DJ and live music. We are no longer raising prices in such a manner.

This is regarding AMCO Case # 19-1404. Our Liquor License # is 1245.

Sincerely,

M. Michelle Saltz General Manager Yukon Tender, Inc. STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD FORM CONTROL

LICENSE NUMBER

1245

XXXX

ISSUED 5/07/2021 ABC BOARD

**2021 - 2022** 

LICENSE RENEWAL APPLICATION DUE DECEMBER 31, 2022 (AS 04.11.270(b))

THIS LICENSE EXPIRES MIDNIGHT FEBRUARY 28, 2023 UNLESS DATED BELOW

TYPE OF LICENSE: Beverage Dispen

LICENSE FEE: \$2,500.00

1104

D/B/A: Yukon Bar

201 Fourth Ave

Mail Address:

Yukon Tender Inc. P O Box 992

Seward, AK 99664

CITY / BOROUGH: Seward

Kenai Peninsula Borough

This license cannot be transferred without permission of the Alcoholic Beverage Control Board

[ ] Special restriction - see reverse side

ISSUED BY ORDER OF THE ALCOHOLIC BEVERAGE CONTROL BOARD

DIRECTOR

04-900 (REV 9/09)

THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD FORM CONTROL

LICENSE NUMBER

1245

XXXX

ISSUED 5/07/2021

**ABC BOARD** 

LIQUOR LICENSE

2021 - 2022

LICENSE RENEWAL APPLICATION DUE DECEMBER 31, 2022 (AS 04.11.270(b))

THIS LICENSE EXPIRES MIDNIGHT FEBRUARY 28, 2023 UNLESS DATED BELOW

TYPE OF LICENSE: Beverage Disper

LICENSE FEE: \$2,500.00

CITY / BOROUGH: Seward

Kenai Peninsula Borough

This license cannot be transferred without permission of the Alcoholic Beverage Control Board

[ ] Special restriction - see reverse side

ISSUED BY ORDER OF THE ALCOHOLIC BEVERAGE CONTROL BOARD

COPY

THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES 04-900 (REV 9/09)

D/B/A:

Yukon Bar

201 Fourth Ave

Mailing Address:

Yukon Tender Inc.

P O Box 992

Seward, AK 99664



Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501

alcohol.licensing@alaska.gov https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

#### Alaska Alcoholic Beverage Control Board

## **Master Checklist: Renewal Liquor License Application**

Daine During A		_				1245		
Doing Business As:	Yuko	Yukon Bar License Number:						
License Type:	Beve	Bevereage Dispensary						
Examiner:	K	nstine	10003	36650				
Document		Received	Completed	Notes				
AB-17: Renewal Applic	ation	1/20	5-7-2021					
App and License Fees		1/20	5-7-2021					
Supplemental Docume	ent	Received	Completed	Notes				
Tourism/Rec Site State	ment							
AB-25: Supplier Cert (V	VS)							
AB-29: Waiver of Opera	ation							
AB-30: Minimum Opera	ation							
AB-33: Restaurant Affic	davit							
COI / COC / 5 Star								
FP Cards & Fees / AB-0	8a	-						
Late Fee								
Names on FP Cards:								
						Yes	No	
Selling alcohol in respon	nse to w	vritten order (pac	ckage stores)?					
Mailing address and contact information different than in database (if yes, update database)?								
In "Good Standing" with CBPL (skip this and next question for sole proprietor)?								
Officers and stockholders match CBPL and database (if "No", determine if transfer necessary)?								
LGB 1 Response: City of Seward LGB 2 Response: KPB								
Waive	Protest	Lapsed	Waiv	e Prote	st Lapsed			

NOV



Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501 alcohol licensing@alaska.gov

https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

#### Alaska Alcoholic Beverage Control Board

## Form AB-17: 2021/2022 License Renewal Application

- This form and any required supplemental forms must be completed, signed by the licensee, and postmarked no later than 12/31/2020 per AS 04.11.270, 3 AAC 304.160, with all required fees paid in full, or a non-refundable \$500.00 late fee applies.
- Any complete application for renewal or any fees for renewal that have not been postmarked by 02/28/2021 will be expired per AS 04.11.540,3 AAC 304.160(e).
- All fields of this application must be deemed complete by AMCO staff and must be accompanied by the required fees and all documents required, or the application will be returned without being processed, per AS 04.11.270, 3 AAC 304.105
- Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees in any way that an application will be deemed complete, renewed, or that it will be scheduled for the next ABC Board meeting.

	Establishment C	ontact Ir	nformation		
Licensee (Owner):	Yukon Tender, Inc.	1 02 0.00 p.		License #:	1245
License Type:	Beverage Dispensary				1
Doing Business As:	Yukon Bar				The second second second second
Premises Address:	201 4th Avenue Seware	d, AK 996	664		18.4 mg 44.5 mg 44.5 mg 44.5 mg 44.5 mg 45.5 mg
Local Governing Body:	Seward, Kenai Peninsu	ıla Boroug	gh	***************************************	
Community Council:					
your mailing address ha	as changed, write the NEW addre	ss below:			
Mailing Address:					
City:		State:		ZIP	:
ust be listed on CBPL with the design	ated point of contact regarding this li		the Optional contact	is complete	d.
ust be listed on CBPL with th	ne same name and title.			is complete	d.
ust be listed on CBPL with the is person will be the design	ne same name and title. ated point of contact regarding this li		the Optional contact	is complete	
ust be listed on CBPL with the is person will be the design Contact Licensee:  Contact Email:	ne same name and title. ated point of contact regarding this li Susan J. Cummings	cense, unless t	Contact Phone:	is complete	<sup>d.</sup> 7) 362-3858
ust be listed on CBPL with the is person will be the design Contact Licensee:  Contact Email:	ne same name and title. ated point of contact regarding this li	cense, unless t	Contact Phone:	is complete (90	d. 7) 362-3858 them below:
ust be listed on CBPL with the is person will be the design Contact Licensee:  Contact Email:  ptional: If you wish for AMCO	ne same name and title. ated point of contact regarding this li Susan J. Cummings staff to communicate with anyone other	cense, unless t	Contact Phone:	is complete (90	<sup>d.</sup> 7) 362-3858
ust be listed on CBPL with the is person will be the design Contact Licensee:  Contact Email:  Otional: If you wish for AMCO Name of Contact:  Contact Email:	ne same name and title. ated point of contact regarding this li Susan J. Cummings  staff to communicate with anyone other. M. Michelle Saltz	cense, unless t	Contact Phone:  act Licensee about you  Contact Phone:	is complete (90	d. 7) 362-3858 them below:
ust be listed on CBPL with the is person will be the design Contact Licensee:  Contact Email:  otional: If you wish for AMCO Name of Contact:  Contact Email:	ne same name and title. ated point of contact regarding this li Susan J. Cummings  staff to communicate with anyone other. M. Michelle Saltz	cense, unless t	Contact Phone:	is complete (90	d. 7) 362-3858 them below:
ust be listed on CBPL with the is person will be the design Contact Licensee:  Contact Email:  Otional: If you wish for AMCO Name of Contact:  Contact Email:	ne same name and title. ated point of contact regarding this li Susan J. Cummings  staff to communicate with anyone other. M. Michelle Saltz	cense, unless t	Contact Phone:  act Licensee about you  Contact Phone:	is complete (90	d. 7) 362-3858 them below:
ust be listed on CBPL with the is person will be the design Contact Licensee:  Contact Email:  Otional: If you wish for AMCO Name of Contact:  Contact Email:	ne same name and title. ated point of contact regarding this li Susan J. Cummings  staff to communicate with anyone other. M. Michelle Saltz	cense, unless t	Contact Phone:  act Licensee about you  Contact Phone:	is complete (90°	d. 7) 362-3858 them below:
ust be listed on CBPL with the disperson will be the design Contact Licensee:  Contact Email:  Ditional: If you wish for AMCO Name of Contact:  Contact Email:  Name of Contact:  Contact Email:	ne same name and title. ated point of contact regarding this li Susan J. Cummings  staff to communicate with anyone other. M. Michelle Saltz	cense, unless t	Contact Phone:  Contact Phone:  Contact Phone:  Contact Phone:	is complete (90°	d. 7) 362-3858 them below:



#### Alaska Alcoholic Beverage Control Board

## Form AB-17: 2021/2022 License Renewal Application

#### Section 2 - Entity or Community Ownership Information

#### Sole Proprietors should skip this Section.

Use the link from Corporations, Business and Professional Licensing (CBPL) below to assist you in finding the Entity #. https://www.commerce.alaska.gov/cbp/main/search/entities

Alaska CBPL Entity #: 50513D

**READ BEFORE PROCEEDING:** Any new or changes to Shareholders (10% or more), Managers, Corporate Officers, Board of Directors, Partners, Controlling Interest or Ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI-approved card stock, AB-08a's, payment of \$48.25 for each new officer with a date-stamped copy of the CBPL change per AS 04.11.045, 50 & 55, or a Notice of Violation will be issued to your establishment and your application will be returned.

The <u>only exception</u> to this is a Corporation who can meet the requirements set forth in AS 04.11.050(c).

#### DO NOT LIST OFFICERS OR TITLES THAT ARE NOT REQUIRED FOR YOUR ENTITY TYPE.

- Corporations of <u>any</u> type including non-profit must list ONLY the following:
  - o All shareholders who own 10% or more stock in the corporation
  - o Each President, Vice-President, Secretary, and Managing Officer regardless of percentage owned
- Limited Liability Corporations, of <u>any</u> type must list ONLY the following:
  - All Members with an ownership interest of 10% or more
  - All Managers (of the LLC, not the DBA) regardless of percentage owned
- Partnerships of any type, including Limited Partnerships must list ONLY the following:
  - Each Partner with an interest of 10% or more
  - All General Partners regardless of percentage owned

Important Note: All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, all required titles, phone number, percentage of shares owned (if applicable) and a full mailing address for each official of your entity whose information we require. If more space is needed: attach additional completed copies of this page. Additional information not on this page will be rejected.

Name of Official:	Susan Cummings					
Title(s):	President	Phone:	(907) 362-3858	% Owr	ned:	100
Mailing Address:	PO Box 992					
City:	Seward	State:	AK	ZIP:	996	664

Name of Official:	Eric Cummings					
Title(s):	Vice President	Phone:	(907) 632-8721	% Ow	ned:	0
Mailing Address:	3407 Lois Drive			I	L	
City:	Anchorage	State:	AK	ZIP:	995	17

Name of Official:	M. Michelle Saltz			**************************************			
Title(s):	Secretary, Treasurer Phone: (907) 491-1042			% Owi	ned: 0		
Mailing Address:	PO Box 2922						
City:	Seward	Seward State: AK ZIP: 99664					

AMCO



#### · Alaska Alcoholic Beverage Control Board

## Form AB-17: 2021/2022 License Renewal Application

## Section 3 - Sole Proprietor Ownership Information

Corporations, LLC's and Partnerships of ALL kinds should skip this section.

10 days of the change and must be accompanied by a full set of fingerprints on FBI approved cardstock, AB-08a's, payment of \$48.25 for each new owner or officer and a date stamped copy of the CBPL change per AS 04.11.045, or a Notice of Violation will be issued to your establishment and your application will be returned.

Important Note: All and must list full legal name	es, phone numb	er, and mailing address for	or application	owill be returned per AS 04 or partner whose information	11 270, 1 A	AC 304	105 Yo
If more space is neede	d, attach additi	onal copies of this page. A	dditional owr	ers not listed on this page	will be rej	ected.	
This individual is an:	Applicant	Affiliate					
Name:				Contact Phone:			
Mailing Address:							
City:			State:		ZIP:		
Email:					L		
This individual is an:	Applicant	Affiliate					
Name:				Contact Phone:			
Mailing Address:				<u> </u>			
City:			State:		ZIP:		
Email:			- <del>L</del>	<u> </u>			· · · · · · · · · · · · · · · · · · ·
The license was regula	orly operated con		ear (Year-round	ense was operated:  )		019	2020
The license was only o	perated to meet t	o the minimum requirement of ,	240 total bours	each calendar year	_		
A complete AB 30. Proof	oj Mananum Opero	ation Checkiss, and all documente	t.on mus; be pro	vided with this form.	L		
hours each year, durin	g one or both cal	as not operated for at least thi lendar years. <u>A complete Form A</u> <u>vith this application for each cole</u>	8-29: Waiver of t	uirement of 240 total O <u>peration Application</u> which the license was not operated	, [		
If you have not me comp	t the minimum lete AB-29 is re	number of hours of opera	tion in 2020,	you are not required to pay and COVID is listed as the	the fees,	howey	er a
	Se	ction 5 – Violatio	ns and C	Convictions			
onvicted of a violation of	f Title 04, 3AAC	304 or a local ordinance a	dopted under	entity in this application bee AS 04.21.010 in 2019 or 202	n 20?	Yes	No !
if you checke	ed YES, you MU	57 attach a list of all Notic	es of Violatio	n and/or Connections per A	6 04.11.27	0(0)(2)	

If you are unsure if you have received any Notices of Violation, contact the office before submitting this form.

MARCE



Alaska Alcoholic Beverage Control Board

## Form AB-17: 2021/2022 License Renewal Application

#### **Section 6 - Certifications**

As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, are true, correct, and complete.

- I agree to provide all information required by the Alcoholic Beverage Control Board or requested by AMCO staff in support of
  this application and understand that failure to do so by any deadline given to me by AMCO staff will result in this
  application being returned and potentially expired if I do not comply with statutory or regulatory requirements.
- I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, and that in accordance with AS 04.11.450, no one other than the licensee(s) has a direct or indirect financial interest in the licensed business.
- I certify that this entity is in good standing with Corporations, Business and Professional Licensing (CBPL) and that all entity
  officials and stakeholders are current and accurately listed, and I have provided AMCO with all required changes of
  Shareholders (10% or more), Managers, Corporate Officers/Board of Directors, Partners, Controlling Interest or Ownership of
  the business license, and have provided all required documents for any new or changes in officers.
- I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of patrons
  have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their
  course completion cards on the licensed premises during all working hours, if applicable for this license type as set forth
  in AS 04.21.025 and 3 AAC 304.465.
- I certify that I have not altered the functional floor plan or reduced or expanded the area of the licensed premises, and I have not changed the business name from what is currently approved and on file with the Alcoholic Beverage Control Board.

I certify on behalf of myself or of the organized entity that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.

Signature of licensee

Printed name of licensee

Signature of Metary Public

for the State of:

for the State of:

My commission expires: \_ 02 . 26. Zo25

Subscribed and sworn to before me this 5 day of

day of day

. 20 21

Restaurant/Eating Place applications must include a completed AB-33: Restaurant Receipts Affidavit
Recreational Site applications must include a completed Recreational Site Statement
Tourism applications must include a completed Tourism Statement
Wholesale applications must include a completed AB-25: Supplier Certification

All renewal and supplemental forms are available online

Any application that is not complete or does not include ALL required completed forms and fees will not be processed and will be returned per AS 04.11.270, 3 AAC 304.105.

#### FOR OFFICE USE ONLY

License Fee:	\$ 2500	Application Fee:	\$ 300.00	Misc. Fee:	\$	500 Late fee
	Total Fees Due:					

AMCO

## Department of Commerce, Community, and Economic Development CORPORATIONS, BUSINESS & PROFESSIONAL LICENSING

State of Alaska / Commerce / Corporations, Business, and Professional Licensing / Search & Database Download / Corporations / Entity Details

## **ENTITY DETAILS**

## Name(s)

Туре	Name	
Legal Name	YUKON TENDER, INC.	

**Entity Type:** Business Corporation

Entity #: 50513D

**Status:** Good Standing

**AK Formed Date:** 11/3/1992

**Duration/Expiration:** Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2022

Entity Mailing Address: PO BOX 992, SEWARD, AK 99664

Entity Physical Address: 201 4TH AVE, SEWARD, AK 99664

## **Registered Agent**

**Agent Name: SUSAN CUMMINGS** 

Registered Mailing Address: PO BOX 992, SEWARD, AK 99664

Registered Physical Address: 201 4TH AVE, SEWARD, AK 99664

#### **Officials**

□Show Former

AK Entity #	Name	Titles	Owned
	Eric Cummings	Vice President	
	M. Michelle Saltz	Director, Secretary, Treasurer	
	Susan Cummings	President, Shareholder, Assistant Secretary, Assistant Treasurer	100.00

## **Filed Documents**

Date Filed	Туре	Filing	Certificate
11/03/1992	Creation Filing		
11/16/1992	Biennial Report		
12/20/1993	Biennial Report	Click to View	
1/30/1998	Biennial Report	Click to View	
1/24/2000	Biennial Report	Click to View	
2/15/2002	Biennial Report	Click to View	
12/05/2003	Biennial Report	Click to View	
12/22/2005	Biennial Report	Click to View	
4/27/2010	Biennial Report	Click to View	
4/27/2010	Biennial Report	Click to View	
12/31/2012	Biennial Report	Click to View	
3/03/2014	Biennial Report	Click to View	
12/14/2015	Biennial Report	Click to View	
7/29/2016	Certificate of Compliance		Click to View
3/27/2018	Biennial Report	Click to View	
10/21/2019	Biennial Report	Click to View	

 $\textbf{COPYRIGHT} @ \textbf{STATE OF ALASKA} \cdot \underline{\textbf{DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT}} \cdot \underline{\textbf{STATE OF ALASKA}} \\$ 

# Department of Commerce, Community, and Economic Development DIVISION OF CORPORATIONS, BUSINESS & PROFESSIONAL LICENSING

State of Alaska / Commerce / Corporations, Business, and Professional Licensing / Search & Database Download / Business License / License #434709

## LICENSE DETAILS

License #: 434709

Print Business License

**Business Name: YUKON BAR** 

Status: Active

Issue Date: 06/01/2005

Expiration Date: 12/31/2022

Mailing Address: PO BOX 992

SEWARD, AK 99664

Physical Address: 201 4TH & WASHINGTON

SEWARD, AK 99664

#### **Owners**

YUKON TENDER, INC

### **Activities**

		Professional
Line of Business	NAICS	License #
72 - Accommodation and Food	722410 - DRINKING PLACES (ALCOHOLIC	
Services	BEVERAGES)	

### **Endorsements**

End				Action	Action	
#	Issue	Renew	Expiration	End	Note	Address
1	10/29/2018	10/26/2020	12/31/2022			201 4TH & WASHINGTON, SEWARD, AK
						99664

## License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are